

CLAIMS ONLY						Application Number <i>101048167</i>	Filing Date
						Applicant(s)	
* May be used for additional claims or amendments							
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		
	Indep	Depend	Indep	Depend	Indep	Depend	
1							
2			/				
3			/				
4			/				
5			/				
6			/				
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48							
49							
50							
Total Indep							
Total Depend							
Total Claims			<i>13</i>				